

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pike  
Township Cruver  
City (No. ....) .....

Registration District No. 684  
Primary Registration District No. 3912

File No. 38494  
Registered No. 33  
St. .... Ward .....

2. FULL NAME

Ransom L. Day

(a) Residence, No. .... St. .... Ward .....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Matilda E. Shoup Day  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24-1844  
7. AGE YEARS 92 MONTHS 9 DAYS 10 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

13. NAME Harry B. Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Lucy Coryell Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Charley Smith  
(ADDRESS) Bowling Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Curryville, Mo. DATE Oct. 6, 1937

19. UNDERTAKER H. B. Elmore  
(ADDRESS) Bowling Green, Mo.

20. FILED 11-10, 1937 W. B. Elmore  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 10/4, 1937

I last saw him alive on 9/10, 1937 Death is said

to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis

Date of onset

Other contributory causes of importance:

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Mathey, M. D.

(Address) Bowling Green, Mo.

